

CERCLA Site Access Control Checklist for Construction/Maintenance/Demolition Activities at NASA MSFC

Site / Activity Information

CERCLA Site Number:	Project Name or Tracking Number:		
Requestor:			Phone Number:
Point of Contact <i>(Name of contact for additional information)</i> :	Office Symbol:	Bldg. Number or Area:	Phone Number:

A Project Work Plan is required to be submitted through EEOH for an environmental evaluation. Additional submittals may be required before the review is initiated.

Reviewer Certification / Recommendation

1. Based on my review of the data provided about the nature of the work to be performed this activity is:

- ☐ Approved, Project is not on an identified CERCLA site.
 ☐ Disapproved
- ☐ Approved, contingent on the controls noted being implemented.

2. Regulatory oversight concurrence ☐ is / ☐ is not recommended by ☐ - ADEM, ☐ - EPA.

Primary Reviewer Signature [Environmental Engineering and Occupational Health Office (EEOH)]:	Date:
Secondary Reviewer Signature [Environmental Engineering and Occupational Health Office (EEOH)]:	Date:

Regulatory Agency Review

ADEM <input type="checkbox"/> Concur <input type="checkbox"/> Conditional Concurrence (See Below) <input type="checkbox"/> Do Not Concur	EPA <input type="checkbox"/> Concur <input type="checkbox"/> Conditional Concurrence (See Below) <input type="checkbox"/> Do Not Concur
ADEM Signature: _____ Date: _____	EPA Signature: _____ Date: _____
ADEM Additional Control Requirements:	EPA Additional Control Requirements:

Special Instructions / Restrictions / Notes

1. Worker Exposure Evaluation

Is there a potential for CERCLA site contaminants in, or adjacent to the construction area? ☐ Yes ☐ No

If yes, what controls are recommended / required?

Concern	Recommended / Required Controls
a. Surface Soil Contaminants / Risk: <input type="checkbox"/> Yes, controls required <input type="checkbox"/> No, NA / no specific controls required	<input type="checkbox"/> Dust Control Methods <input type="checkbox"/> Personal Protective Equipment (consistent with job / task hazard analysis) <input type="checkbox"/> Ind. Safety Department approved Site Specific Safety & Health Plan (SSHP)
b. Subsurface Soil Contaminants: <input type="checkbox"/> Yes, controls required <input type="checkbox"/> No, NA / no specific controls required	<input type="checkbox"/> No excavation below _____ depth <input type="checkbox"/> Control water entry into all excavations <input type="checkbox"/> Other, specify: _____
c. Groundwater contaminants: <input type="checkbox"/> Yes, controls required <input type="checkbox"/> No, NA / no specific controls required	<input type="checkbox"/> No excavation which exposes groundwater <input type="checkbox"/> No, no specific controls required <input type="checkbox"/> Other, specify: _____
d. Other Media, specify (sediment, SW, etc.) <input type="checkbox"/> Yes, controls required <input type="checkbox"/> No, NA / no specific controls required	<input type="checkbox"/> Exposure control for following media: _____ _____ _____

Notes:

2. CERCLA Contaminant Migration / Transport Evaluation

Does the activity involve work that might impact the rate or nature of CERCLA contaminant migration or will the work potentially transport site contaminants to other locations? ☐ Yes ☐ No

If so, then what controls are required / recommended to prevent this migration / transport?

Concern	Recommended / Required Controls
a. Increased surface contaminant migration/transport: <input type="checkbox"/> Yes, controls required <input type="checkbox"/> No, NA / no specific controls required	<input type="checkbox"/> Runoff control techniques <input type="checkbox"/> Drainage control techniques <input type="checkbox"/> Other, specify: _____
b. Increased subsurface contaminant migration / transport: <input type="checkbox"/> Yes, controls required <input type="checkbox"/> No, NA / no specific controls required	<input type="checkbox"/> No subsurface excavation <input type="checkbox"/> No disturbance of surface cover which would increase subsurface water infiltration / permeation, i.e. grade to drain <input type="checkbox"/> Other, specify: _____
c. Increased migration / transport of other media contaminants - specify: <input type="checkbox"/> Yes, controls required <input type="checkbox"/> No, NA / no specific controls required	<input type="checkbox"/> No changes in site drainage characteristics that would increase groundwater, sediment or other media contaminant migration transportation <input type="checkbox"/> No <input type="checkbox"/> Other, specify: _____

Notes:

3. CERCLA Investigation / Removal / Remediation Evaluation

Does the activity involve work that might impact the ability to conduct further site investigation, removal actions, remedial efforts? ☐ Yes ☐ No

If so, then what controls or actions are required to control these hazards?

Concern	Recommended / Required Controls
a. Impaired ability to perform future investigative work (well placement, specimen collection, etc.): <input type="checkbox"/> Yes, controls required <input type="checkbox"/> No, NA / no specific controls required	<input type="checkbox"/> Relocation of proposed structures to maintain access or proposed future sampling locations <input type="checkbox"/> _____ <input type="checkbox"/> Other, specify: _____
b. Potential for activity to result in additional contaminant releases which might complicate interpretation / future removal or remedial action: <input type="checkbox"/> Yes, controls required <input type="checkbox"/> No, NA / no specific controls required	<input type="checkbox"/> No future activity involving the following chemicals <input type="checkbox"/> No buildings or utilities over areas identified on attached map <input type="checkbox"/> Other, specify: _____
c. Impaired ability to conduct TCRA or NTCRA activities: <input type="checkbox"/> Yes, controls required <input type="checkbox"/> No, NA / no specific controls required	<input type="checkbox"/> No building over areas identified on attached map <input type="checkbox"/> Adjust project schedule to allow completion of TCRA / NTCRA completion <input type="checkbox"/> Other, specify: _____
d. Impaired ability to conduct Remedial Actions: <input type="checkbox"/> Yes, controls required <input type="checkbox"/> No, NA / no specific controls required	<input type="checkbox"/> No building over areas identified on attached map <input type="checkbox"/> No changes in site drainage characteristics <input type="checkbox"/> Other, specify: _____

Notes:

4. Activity Debris / Waste Evaluation

Does the activity involve work that might generate solid waste that might be hazardous waste due to the material being contaminated by CERCLA release related contaminants? ☐ Yes ☐ No

If so, then what controls are required / recommended to characterize the debris or waste to insure proper disposal?

Concern	Recommended / Required Controls
a. Building demolition / debris might contain CERCLA contaminants that could be transported off-site by the planned work: <input type="checkbox"/> Yes, controls required <input type="checkbox"/> No, NA / no specific controls required	<input type="checkbox"/> Do not remove specific types of debris noted below: <input type="checkbox"/> Collect specific media samples for analysis for the following contaminants: _____ <input type="checkbox"/> Other, specify: _____
b. CERCLA contaminants might result in building demolition debris being classified as a RCRA waste or might trip other special disposal requirements: <input type="checkbox"/> Yes, controls required <input type="checkbox"/> No, NA / no specific controls required	<input type="checkbox"/> Obtain CERCLA off-site disposal approval: <input type="checkbox"/> Disposal of the following debris in a RCRA permitted hazardous waste landfill: _____ <input type="checkbox"/> Collect specific media samples for analysis for the following contaminants: _____ <input type="checkbox"/> Other, specify: _____
c. Planned work might directly transport contaminated site media to other locations: <input type="checkbox"/> Yes, controls required <input type="checkbox"/> No, NA / no specific controls required	<input type="checkbox"/> No removal of the following media: <input type="checkbox"/> Decontamination of all tools, equipment, vehicles prior to leaving the site. <input type="checkbox"/> Other, specify: _____
d. Planned work might generate waste media that might result in the media being classified as a RCRA waste or might trip other special disposal requirements: <input type="checkbox"/> Yes, controls required <input type="checkbox"/> No, NA / no specific controls required	<input type="checkbox"/> Obtain CERCLA off-site disposal approval. <input type="checkbox"/> Analyze transported site media for the following contaminants: _____ <input type="checkbox"/> Dispose of the following media as indicated: _____ <input type="checkbox"/> Other, specify: _____

Notes:

5. Special Hazards Evaluation

What is the Munitions and Explosives of Concern (MEC) Probability Ranking of the work area? _____

Is this a Facilities Department work request for an area located south of Fowler Road? ☐ Yes ☐ No

All Facilities Department work request should follow the more conservative guidelines required on the Dig Permit.

Concern	Recommended / Required Controls
a. Probability Rankings: <input type="checkbox"/> 1. Frequent <input type="checkbox"/> 2. Likely / Probable <input type="checkbox"/> 3. Occasional <input type="checkbox"/> 4. Seldom / Remote <input type="checkbox"/> 5. Unlikely / Improbable	<input type="checkbox"/> UXO construction support required <input type="checkbox"/> UXO removal / clearance required prior to any work <input type="checkbox"/> CWM / CWA removal / clearance required prior to any work <input type="checkbox"/> CWM / CWA real time monitoring required for all site activities <input type="checkbox"/> Other, specify: _____
b. Other special hazards, specify: <input type="checkbox"/> Yes, controls required <input type="checkbox"/> No, NA / no specific controls required	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Note: Regardless of the probability, the work plan must include provisions to stop work, secure the perimeter, and activate the Redstone Arsenal UXO / CWM response plan by call 911 if any potential UXO or CWM item is discovered.

Notes: